

Agenda # _____
Meeting Date _____

HPC APPLICATION FOR CERTIFICATE OF APPROVAL

ADDRESS:_____

1. PROVIDE COMPLETE INFORMATION BELOW. MAILING ADDRESSES AND TELEPHONE NUMBERS MUST BE PROVIDED.

	NAME	ADDRESS	TELEPHON E
() OWNER			
() APPLICANT			
() CONTRACTOR			
() ARCH/DESIGN			

****PLEASE NOTE ABOVE TO WHOM CORRESPONDENCE SHALL BE SENT, AND WHO SHOULD BE CONTACTED FOR ANY ADDITIONAL INFORMATION.**

**2. Are there any easements or deed restrictions for the exterior of this building?
YES () NO () IF YES, SUBMIT A LETTER FROM THE EASEMENT HOLDER STATING
THEIR APPROVAL OF THE PROPOSED WORK.**

3. A SITE PLAN MUST BE SUBMITTED.

4. PHOTOGRAPHS (4" X 6" PRINTS) MUST BE SUBMITTED. POLAROID NOT ACCEPTABLE.

5. DESCRIPTION OF WORK PROPOSED (PLEASE BE SPECIFIC. ATTACH SHEET IF SPACE IS INADEQUATE). If signs are proposed, indicate material, method of attachment, position on building, size and front lineal feet of building, size and position of all other signs on building, and a layout of the sign.

6. ESTIMATED COST OF IMPROVEMENT: \$_____

Date

Signature (owner/authorized agent)

FOR OFFICE USE ONLY

Filing Fee: \$

Application Received:

Date Paid:

Amendment to C. O. A. No.
